

www.valueway.net File #: VC-2014.01.20

Valueway Express Claim Form

Part A: For Shipper Only			
Claim Date:	YYYY/MM/DD	Tracking number:	
Shipper Legal Name :		Shipper Signature:	
Shipper Mailing Address:			Post Code:
Reason for Claim: (please tic	k up the box)		
Lost	Damage	Others:	
Details of Claim :			
what is value of items shipped in p Merchandis	e Description:	Quantity 	Value Amount (CAD)
when and where did you buy it fro	m? (Purchase Receipt Requ	ired)	
How much postage did you pay fo	or this parcel? (Original Value	way Waybill or Invoice Required)	
what kind of exterior and interior p	acking marterial did you use	for this parcel? (For Sample:Paper box, Bu	ubble Wrap etc)
What kind of solution do you expe	ct from Valueway?		
Photos of Damaged Items (b The Original Purchase Recei	ay Waybill o's page of Other C/O Company Wa oth of exterior and interior of box)	t you provided) sybill (EMS,SF, etc) and Report of Lost, damage	
Part B: For Valueway Official	Use Only		
Claim Authorized : please tic Compensation	k up the box Credit for Future	Other	
Case Processor Name:		Approved By Supervisor:	
Approved Date:	YYYY/MM/DD	Approved By Manager:	

 $\textbf{To File a claim by Email:} \ \ \textbf{Mail this Claim Form and your other documents to: cs.express@valueway.net}$

To File a claim by Mail: Mail this Claim Form and your other documents to: